

# **County Mental Health System Appropriations Bill Senate File 440**

Last Action:

**Senate Floor**

April 16, 2013

**An Act relating to human services involving mental health and disability services and children's services, making appropriations, and including effective dates.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available on line at <http://www.legis.iowa.gov/LSAReports/noba.aspx>

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**FUNDING SUMMARY**

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Senate File 440 appropriates \$42.8 million to the county mental health system based on a formula that provides appropriations based on both county deficits and a general per capita increase based on the general population of each county.

Page 1, Line 1

The Bill makes various changes to Mental Health Redesign provisions passed during the 2012 Legislative Session.

The Bill requests the Legislative Council to continue the General Assembly's mental health/disability services (MH/DS) Redesign Fiscal Viability Study Committee that met during the 2012 Interim.

The Bill creates a Children's Cabinet to provide guidance, oversight, problem solving, and long-term development strategies to promote the well being of children in Iowa.

The Bill requires the Department of Public Health to create a Center for Child Health Excellence and Innovation to provide a policy forum for efforts to improve child health.

Senate File 440 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
1	4	1	Add	331.388.3A
1	12	2	Amend	331.393.4.g
1	30	3	Amend	331.397.5.b
1	34	4	Amend	331.397.6.d
2	7	5	Amend	331.397.7.b,c
2	21	6	Add	331.395.5
2	32	7	Amend	331.396.1.b
3	13	8	Amend	331.396.2.b
3	29	9	Amend	331.397.2.b
4	8	10	Amend	331.397.4.c,d
4	26	11	Amend	426b.3.4
11	17	21	Amend	225C.4.1.j
11	30	22	Amend	225C.6A
14	31	23	Repeal	225C.4.1.j
14	34	24	Repeal	225C.6A
15	3	25	New	242.1
15	15	26	New	242.2
17	8	27	New	242.3
19	11	29	Add	135.11.32

<p>1 1</p> <p>1 2</p> <p>1 3</p> <p>1 4 Section 1. Section 331.388, Code 2013, is amended by adding</p> <p>1 5 the following new subsection:</p> <p>1 6 NEW SUBSECTION 4A. "Research-based practice" means a</p> <p>1 7 service or other support in which the efficacy of the service</p> <p>1 8 or other support is recognized as an evidence-based practice,</p> <p>1 9 or is deemed to be an emerging and promising practice, or which</p> <p>1 10 is part of a demonstration and will supply evidence as to the</p> <p>1 11 effectiveness of the service or other support.</p> <p>1 12 Sec. 2. Section 331.393, subsection 4, paragraph g,</p> <p>1 13 unnumbered paragraph 1, Code 2013, is amended to read as</p> <p>1 14 follows:</p> <p>1 15 The requirements for designation of targeted case management</p> <p>1 16 providers and for implementation of <del>evidence-based</del> models</p> <p>1 17 of case management <u>that apply research-based practice</u>. The</p> <p>1 18 requirements shall be designed to provide the person receiving</p> <p>1 19 the case management with a choice of providers, allow a</p> <p>1 20 service provider to be the case manager but prohibit the</p> <p>1 21 provider from referring a person receiving the case management</p> <p>1 22 only to services administered by the provider, and include</p> <p>1 23 other provisions to ensure compliance with but not exceed</p> <p>1 24 federal requirements for conflict-free case management. The</p> <p>1 25 qualifications of targeted case managers and other persons</p> <p>1 26 providing service coordination under the management plan shall</p> <p>1 27 be specified in the rules. The rules shall also include but</p> <p>1 28 are not limited to all of the following relating to targeted</p> <p>1 29 case management and service coordination services:</p> <p>1 30 Sec. 3. Section 331.397, subsection 5, paragraph b, Code</p> <p>1 31 2013, is amended to read as follows:</p> <p>1 32 b. Providing <del>evidence-based</del> services <u>that apply</u></p> <p>1 33 <u>research-based practice</u>.</p> <p>1 34 Sec. 4. Section 331.397, subsection 6, paragraph d, Code</p> <p>1 35 2013, is amended to read as follows:</p> <p>2 1 d. Advances in the use of <del>evidence-based</del> treatment <u>applying</u></p> <p>2 2 <u>research-based practice</u>, including but not limited to all of</p> <p>2 3 the following:</p> <p>2 4 (1) Positive behavior support.</p> <p>2 5 (2) Assertive community treatment.</p> <p>2 6 (3) Peer self-help drop-in centers.</p> <p>2 7 Sec. 5. Section 331.397, subsection 7, paragraphs b and c,</p>	<p style="text-align: center;">DIVISION I</p> <p style="text-align: center;">SYSTEM REDESIGN — IMPLEMENTATION</p> <p style="text-align: center;">RESEARCH-BASED PRACTICE</p> <p>CODE: Defines the term "research-based practice" to mean a service or other support where the efficacy of the service or other support is recognized as an evidence-based practice, or is deemed to be an emerging or promising practice, or is part of a demonstration and will supply evidence as to effectiveness.</p> <p>CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.</p> <p>CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.</p> <p>CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.</p> <p>CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.</p>
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2 8 Code 2013, are amended to read as follows:  
 2 9 b. The ~~efficacy of the services or other support is~~ are  
 2 10 ~~recognized as an evidence-based a research-based practice, is~~  
 2 11 ~~deemed to be an emerging and promising practice, or providing~~  
 2 12 ~~the services is part of a demonstration and will supply~~  
 2 13 ~~evidence as to the services' effectiveness.~~  
 2 14 c. A determination that the services or other support  
 2 15 provides an effective alternative to existing services  
 2 16 that have been shown by the ~~evidence~~ research base to be  
 2 17 ineffective, to not yield the desired outcome, or to not  
 2 18 support the principles outlined in *Olmstead v.L.C.*, 527 U.S.  
 2 19 581 (1999).

evidence-based practice to research-based practice.

## 2 20 COMMUNITY CORRECTIONS SYSTEM ACCESS TO REGIONAL SERVICES

2 21 Sec. 6. Section 331.395, Code 2013, is amended by adding the  
 2 22 following new subsection:  
 2 23 NEW SUBSECTION 5. If adequate funding is provided through  
 2 24 a state appropriation made for purposes of paying for services  
 2 25 authorized pursuant to this subsection, a person with an income  
 2 26 within the level specified in subsection 1 who is housed by or  
 2 27 supervised by a judicial district department of correctional  
 2 28 services established under chapter 905 shall be deemed to  
 2 29 have met the income and resource eligibility requirements for  
 2 30 services under the regional service system.

CODE: Amends statutory language relating to financial eligibility requirements for the regional service system to provide eligibility for persons that meet income requirements and are housed by, or supervised by, community-based correctional services, if a state appropriation is made to cover the service costs.

DETAIL: No State appropriations have currently been made for this provision.

## 2 31 ELIGIBILITY MAINTENANCE

2 32 Sec. 7. Section 331.396, subsection 1, paragraph b, Code  
 2 33 2013, is amended to read as follows:  
 2 34 b. The person is at least eighteen years of age and is a  
 2 35 resident of this state. However, a person who is seventeen  
 3 1 years of age, is a resident of this state, and is receiving  
 3 2 publicly funded children's services may be considered eligible  
 3 3 for services through the regional service system during the  
 3 4 three-month period preceding the person's eighteenth birthday  
 3 5 in order to provide a smooth transition from children's  
 3 6 to adult services. In addition, a person who is less than  
 3 7 eighteen years of age and a resident of this state may be  
 3 8 eligible, as determined by the region, for those mental health  
 3 9 services made available to all or a portion of the residents  
 3 10 of the region of the same age and eligibility class under the  
 3 11 county management plan of one or more counties of the region  
 3 12 applicable prior to formation of the region.

CODE: Amends statutory language relating to diagnosis and functional assessment requirements for eligibility for the regional service system to allow a child to be eligible, as determined by the region, for those mental health or intellectual disability services provided to residents of the same age and eligibility class under an approved county management plan of one or more counties of the region prior to formation of the region.

3 13 Sec. 8. Section 331.396, subsection 2, paragraph b, Code  
 3 14 2013, is amended to read as follows:  
 3 15 b. The person is at least eighteen years of age and is a  
 3 16 resident of this state. However, a person who is seventeen  
 3 17 years of age, is a resident of this state, and is receiving  
 3 18 publicly funded children's services may be considered eligible  
 3 19 for services through the regional service system during the  
 3 20 three-month period preceding the person's eighteenth birthday  
 3 21 in order to provide a smooth transition from children's  
 3 22 to adult services. In addition, a person who is less than  
 3 23 eighteen years of age and a resident of this state may be  
 3 24 eligible, as determined by the region, for those intellectual  
 3 25 disability services made available to all or a portion of the  
 3 26 residents of the region of the same age and eligibility class  
 3 27 under the county management plan of one or more counties of the  
 3 28 region applicable prior to formation of the region.

CODE: Amends statutory language relating to diagnosis and functional assessment requirements for eligibility for the regional service system to allow a child to be eligible, as determined by the region, for those mental health or intellectual disability services provided to residents of the same age and eligibility class under an approved county management plan of one or more counties of the region prior to formation of the region.

3 29 Sec. 9. Section 331.397, subsection 2, paragraph b, Code  
 3 30 2013, is amended to read as follows:  
 3 31 b. Until funding is designated for other service  
 3 32 populations, eligibility for the service domains listed in this  
 3 33 section shall be limited to such persons who are in need of  
 3 34 mental health or intellectual disability services. However, if  
 3 35 a county in a region was providing services to an ~~individual~~  
 4 1 ~~person~~ eligibility class of persons with a developmental  
 4 2 disability other than intellectual disability or a brain injury  
 4 3 prior to formation of the region, the ~~individual person class~~  
 4 4 of persons shall remain eligible for the services provided when  
 4 5 the region is formed, provided that funds are available to  
 4 6 continue such services.

CODE: Amends requirements relating to regional core services to allow individuals with a developmental disability or a brain injury that were receiving services prior to formation of a region to remain eligible for the services after formation of the region, subject to the availability of funding.

#### 4 7 CORE SERVICES

4 8 Sec. 10. Section 331.397, subsection 4, paragraphs c and d,  
 4 9 Code 2013, are amended to read as follows:  
 4 10 c. Support for community living and other living  
 4 11 arrangements, including but not limited to all of the  
 4 12 following:  
 4 13 (1) Home health aide.  
 4 14 (2) Home and vehicle modifications.  
 4 15 (3) Respite.  
 4 16 (4) Supportive community living.  
 4 17 (5) Residential care facility living arrangements.  
 4 18 d. Support for employment and work activity, including but  
 4 19 not limited to all of the following:  
 4 20 (1) Day habilitation.  
 4 21 (2) Job development.

CODE: Amends the core services domains to add residential care facility living arrangements and other work activity services.

- 4 22 (3) Supported employment.  
 4 23 (4) Prevocational services.  
 4 24 (5) Other work activity services.

4 25 STATE PAYMENTS TO REGION

4 26 Sec. 11. Section 426B.3, subsection 4, as enacted by 2012  
 4 27 Iowa Acts, chapter 1120, section 137, is amended to read as  
 4 28 follows:  
 4 29 4. a. For the fiscal years beginning July 1, 2013, and  
 4 30 July 1, 2014, a county with a county population expenditure  
 4 31 target amount that exceeds the amount of the county's base year  
 4 32 expenditures for mental health and disabilities services shall  
 4 33 receive an equalization payment for the difference.  
 4 34 b. The equalization payments determined in accordance  
 4 35 with this subsection shall be made by the department of human  
 5 1 services for each fiscal year as provided in appropriations  
 5 2 made from the property tax relief fund for this purpose. If  
 5 3 the county is part of a region that has been approved by the  
 5 4 department in accordance with section 331.389, to commence  
 5 5 partial or full operations, the county's equalization payment  
 5 6 shall be remitted to the region for expenditure as approved by  
 5 7 the region's governing board.

CODE: Amends statutory language relating to state payments to regions to specify that if a county is part of a region that has been approved by the Department of Human Services (DHS), the equalization payment will be remitted to the region as approved by the region's governing board.

5 8 STRATEGIC PLAN REQUIREMENT FOR FY 2013-2014

5 9 Sec. 12. 2012 Iowa Acts, chapter 1128, section 8, is amended  
 5 10 to read as follows:  
 5 11 SEC. 8. COUNTY MENTAL HEALTH, ~~MENTAL RETARDATION~~  
 5 12 ~~INTELLECTUAL DISABILITY~~ , AND DEVELOPMENTAL DISABILITIES  
 5 13 SERVICES MANAGEMENT PLAN — STRATEGIC PLAN. Notwithstanding  
 5 14 section 331.439, subsection 1, paragraph "b", subparagraph (3),  
 5 15 counties are not required to submit a three-year strategic  
 5 16 plan by April 1, 2012, to the department of human services. A  
 5 17 county's strategic plan in effect as of the effective date of  
 5 18 this section shall remain in effect until the regional service  
 5 19 system management plan for the region to which the county  
 5 20 belongs is approved in accordance with section 331.393, subject  
 5 21 to modification before that date as necessary to conform with  
 5 22 statutory changes affecting the plan and any amendments to the  
 5 23 plan that are adopted in accordance with law.

CODE: Amends provisions relating to strategic plan requirements.

5 24 RISK POOL DISTRIBUTIONS

5 25 Sec. 13. 2012 Iowa Acts, chapter 1128, section 6,  
 5 26 subsections 5 and 6, as amended by 2012 Iowa Acts, chapter  
 5 27 1133, section 67, are amended to read as follows:  
 5 28 5. If moneys from a distribution made under this section are  
 5 29 not expended by a county by June 30, ~~2013~~ 2015, for services  
 5 30 provided by that date under the applicable service management  
 5 31 plan, the county shall reimburse the unexpended moneys to the  
 5 32 department by August 30, ~~2013~~ 2015, and the moneys reimbursed  
 5 33 shall be credited to the risk pool in the property tax relief  
 5 34 fund.  
 5 35 6. The risk pool board shall submit annual reports to the  
 6 1 governor and general assembly on or before December 31, ~~2012~~  
 6 2 ~~and 2013~~, regarding the expenditure of funds distributed under  
 6 3 this section. The final annual report shall be submitted on or  
 6 4 before December 31, 2015.

CODE: Amends SF 2071 (FY 2012 Supplemental Appropriations Act)  
 to extend the period of time for a county to expend its risk pool  
 distribution from June 30, 2013, to June 30, 2015.

DETAIL: It is estimated that this will only impact two counties; Polk will  
 retain \$2.6 million, and Clinton will retain \$25,000.

6 5 TRANSITION FUND — SERVICES MAINTENANCE

6 6 Sec. 14. TRANSITION FUND — SERVICES MAINTENANCE. A county  
 6 7 receiving an allocation of funding from the mental health and  
 6 8 disability services redesign transition fund created in 2012  
 6 9 Iowa Acts, chapter 1120, section 23, shall utilize the funding  
 6 10 received by the county as necessary for the services covered  
 6 11 in accordance with the county's approved management plan in  
 6 12 effect as of June 30, 2012, for the fiscal year beginning July  
 6 13 1, 2012, and ending June 30, 2013.

Specifies that if a county receives an allocation of funding from the  
 mental health and disability services redesign transition fund, the  
 county is required to utilize the funding provided in accordance with  
 the county's approved service management plan in effect as of June  
 30, 2012.

6 14 REDESIGN EQUALIZATION PAYMENTS AND RISK POOL

6 15 Sec. 15. EQUALIZATION PAYMENTS AND RISK POOL.  
 6 16 1. There is transferred from the general fund of the state  
 6 17 to the property tax relief fund created in section 426B.1  
 6 18 for the fiscal year beginning July 1, 2012, and ending June  
 6 19 30, 2013, the following amount to be used for the purposes  
 6 20 designated:  
 6 21 ..... \$ 42,826,316

Provides an FY 2013 supplemental appropriation from the General  
 Fund to the Property Tax Relief Fund to be used in FY 2014.

6 22 2. a. The moneys credited to the property tax relief  
 6 23 fund in accordance with this section are appropriated to the  
 6 24 department of human services for the fiscal year beginning July  
 6 25 1, 2013, and ending June 30, 2014, for distribution to counties  
 6 26 and regions in accordance with this section. If a county is  
 6 27 part of a region that has been approved by the department to  
 6 28 commence partial or full operations in accordance with section  
 6 29 331.389 for the fiscal year, the county's payment made pursuant  
 6 30 to this section shall be remitted to the region for expenditure

Specifies that if a county is part of an approved region, the county's  
 payment must be submitted to the region for expenditure, as approved  
 by the region's governing board. These payments are made in lieu of  
 equalization payments.

6 31 as approved by the region's governing board. The payments made  
 6 32 under this section are in lieu of equalization payments for the  
 6 33 fiscal year beginning July 1, 2013, otherwise required under  
 6 34 section 426B.3, as amended by 2012 Iowa Acts, section 137.

6 35 b. For the purposes of this section, unless the context  
 7 1 otherwise requires:

7 2 (1) "Net expenditures from the county's services fund"  
 7 3 means a county's payments for non-Medicaid services, as  
 7 4 reported to the department of management pursuant to section  
 7 5 331.403, plus any reimbursement of moneys distributed to the  
 7 6 county pursuant to 2012 Iowa Acts, chapter 1128, section 6, as  
 7 7 amended by 2012 Iowa Acts, chapter 1133, section 67, and less  
 7 8 any moneys expended by the county as a provider of services  
 7 9 that were reimbursed to the county.

7 10 (2) "Population" means the same as defined in section  
 7 11 331.388.

7 12 (3) "Services fund" means a county's mental health and  
 7 13 disabilities services fund created in accordance with section  
 7 14 331.424A.

7 15 3. Of the amount appropriated in this section, \$31,388,667  
 7 16 shall be distributed to counties as per capita growth payments  
 7 17 in accordance with this section.

Distributes \$31,388,667 to counties as a \$10.25 dollar per capita growth payment.

DETAIL: This is a new distribution for FY 2014.

7 18 4. A per capita growth amount shall be distributed to each  
 7 19 county in two payments. The provisional per capita growth  
 7 20 amount for the fiscal year is \$10.25, with the final amount  
 7 21 determined in accordance with subsection 5. A county's first  
 7 22 per capita growth payment shall be the product of \$8.25 of the  
 7 23 provisional per capita growth amount times the county's general  
 7 24 population for the fiscal year.

Specifies there will be an estimated \$10.25 per capita payment made to the counties distributed in two payments. The first payment will be \$8.25 per capita based on a county's general population.

7 25 5. The moneys transferred to the property tax relief fund  
 7 26 for the fiscal year beginning July 1, 2013, from the federal  
 7 27 social services block grant pursuant to 2013 Iowa Acts, House  
 7 28 File 614, or any other 2013 Iowa Acts, if enacted and from  
 7 29 the federal temporary assistance for needy families block  
 7 30 grant, totaling at least \$11,774,275, are appropriated to the  
 7 31 department of human services for the fiscal year beginning July  
 7 32 1, 2013, to be used for distribution of state payment program  
 7 33 remittances to counties for the fiscal year in accordance  
 7 34 with this subsection. The state payment program remittance  
 7 35 shall be an amount equal to the amount paid to a county of  
 8 1 residence under the program for state case services known as  
 8 2 the state payment program, implemented pursuant to section  
 8 3 331.440, subsection 5, during the most recently available

Specifies that \$11,774,275 will be appropriated from the Social Services Block Grant and distributed to counties in the same amount the State Cases Program payments were distributed in FY 2012 and allows the DHS to use the Medicaid appropriation as cash flow.

8 4 twelve-month period. The department shall draw upon the  
8 5 appropriation made from the general fund of the state for the  
8 6 medical assistance program for the fiscal year as necessary for  
8 7 cash flow purposes in order to comply with the date specified  
8 8 for remitting payments to counties in subsection 6, and to  
8 9 distribute at least the amount specified in this subsection.  
8 10 If the procedure for reduced federal funds specified in 2013  
8 11 Iowa Acts, House File 614, or any other 2013 Iowa Acts, if  
8 12 enacted, reduces the amount of block grant funding available  
8 13 for the purposes of this subsection, the amount drawn from the  
8 14 medical assistance appropriation shall be increased to replace  
8 15 the amount of the reduction.

8 16 6. The first per capita growth payment due a county under  
8 17 subsection 4 and any state payment program remittance due a  
8 18 county under subsection 5, shall be combined and remitted to  
8 19 the counties on or before July 15, 2013.

Specifies the Social Services Block Grant fund payment and the \$8.25 per capita payment will be made to the counties by July 15, 2013.

8 20 7. a. Of the amount appropriated in this section,  
8 21 \$11,437,649 shall be distributed to counties as stabilization  
8 22 payments in accordance with this subsection. A stabilization  
8 23 payment shall be distributed to each county for which the  
8 24 amount of net expenditures from the county's services fund  
8 25 under section 331.424A for the fiscal year beginning July 1,  
8 26 2012, exceeds the sum of the county's state payment program  
8 27 remittance under subsection 5 plus the dollar amount of the  
8 28 county's services fund levies for the fiscal year beginning  
8 29 July 1, 2013. A county's stabilization payment amount shall  
8 30 be equal to the excess net expenditures amount. To receive  
8 31 a stabilization payment, on or before December 1, 2013, the  
8 32 county shall submit a statement of net expenditures from  
8 33 the county's services fund for the fiscal year beginning  
8 34 July 1, 2012. The statement shall be accompanied by the  
8 35 annual financial report for that fiscal year submitted to the  
9 1 department of management pursuant to section 331.403. The  
9 2 department shall determine the county's stabilization payment  
9 3 amount by subtracting the sum of the county's state payment  
9 4 program remittance and the dollar amount of the county's  
9 5 certified levy amount for the services fund for the fiscal year  
9 6 from the county's statement of total net expenditures.

Allocates \$11,437,649 for stabilization payments to those counties where the mental health and disabilities services fund net expenditures for FY 2013 exceed the sum of the counties' State Payment Program remittances plus the services fund levies for FY 2014.

9 7 b. If the sum of the total of all eligible counties'  
9 8 stabilization payments plus the product of \$2.00 of the  
9 9 provisional per capita growth payment amount under subsection  
9 10 4 times the state's general population for the fiscal year is  
9 11 greater or less than the amount of moneys remaining after the  
9 12 first per capita growth payments made pursuant to subsection  
9 13 4 and the amount allocated in this subsection, the department

Distributes the remaining monies available in the fund to counties on a per capita basis. The per capita payment is estimated to be \$2.00 per capita of the counties general population.

9 14 shall identify a final per capita growth amount by adjusting  
 9 15 the provisional per capita growth amount as necessary to  
 9 16 distribute all of the moneys remaining. If the total of the  
 9 17 stabilization payments exceeds the amount allocated in this  
 9 18 subsection, the provisional per capita growth amount shall be  
 9 19 reduced to provide sufficient funding to address the excess.  
 9 20 If the total of the stabilization payments is less than the  
 9 21 amount allocated in this subsection, the provisional per  
 9 22 capita growth amount shall be increased to address the reduced  
 9 23 amount. A county's second per capita growth payment shall be  
 9 24 the product of the remainder of the final per capita growth  
 9 25 amount as adjusted by the department times the county's general  
 9 26 population for the fiscal year.

9 27 c. Each county's second per capita growth payment shall be  
 9 28 combined with any stabilization payment due the county. The  
 9 29 payments shall be remitted to the counties on or before January  
 9 30 2, 2014.

Specifies that the stabilization payment and the second \$2.00 per capita payment are to be distributed to the counties by January 2, 2014.

#### 9 31 SUBSTANCE-RELATED DISORDER DETOXIFICATION

9 32 Sec. 16. COORDINATION OF DETOXIFICATION SERVICES. The  
 9 33 department of human services shall review options for the  
 9 34 mental health and disability services regions to coordinate  
 9 35 detoxification funding provided by counties and other such  
 10 1 disorder funding provided by counties in place of county  
 10 2 coordination. The department shall report to the governor and  
 10 3 general assembly its findings, options, and recommendations on  
 10 4 or before October 15, 2013.

Requires the DHS to review options for the mental health/disability services (MH/DS) regions to coordinate the county funding for detoxification and other county-provided disorder funding in place of county coordination. The DHS is required to report to the Governor and General Assembly its findings, options, and recommendations by October 15, 2013.

#### 10 5 MEDICAID OBLIGATION COST SETTLEMENT

10 6 Sec. 17. COUNTY MEDICAL ASSISTANCE NONFEDERAL SHARE —  
 10 7 COST SETTLEMENT. Any county obligation for payment to the  
 10 8 department of human services of the nonfederal share of the  
 10 9 cost of services provided under the medical assistance program  
 10 10 prior to July 1, 2012, pursuant to sections 249A.12 and  
 10 11 249A.26, shall remain at the amount agreed upon as of June 30,  
 10 12 2013. Beginning July 1, 2013, other than a county payment on  
 10 13 the obligation or for a charge when the county is the provider  
 10 14 of the service, the department shall be responsible for any  
 10 15 adjustment that would otherwise be applied to the amount of the  
 10 16 county obligation after that date due to cost settlement of  
 10 17 charges or other reasons.

Any county obligation for payment to the DHS of the nonfederal share of the cost of Medicaid services prior to July 1, 2012, is required to remain at the amount agreed upon as of June 30, 2013.

#### 10 18 COUNTY MENTAL HEALTH AND DISABILITY

PG LN	GA:85 SF440	Explanation
10 19	SERVICES FUND — FY 2013-2014	
10 20 Sec. 18. SERVICES FUND — MANAGEMENT PLAN. For the fiscal 10 21 year beginning July 1, 2013, and ending June 30, 2014, the 10 22 appropriations made by the county board of supervisors for 10 23 payment for mental health and disability services pursuant 10 24 to section 331.424A, subsection 3, as enacted by 2012 Iowa 10 25 Acts, chapter 1120, section 132, shall be made in accordance 10 26 with the county's service management plan approved under 10 27 section 331.439, Code 2013, until the county management plan is 10 28 replaced by a regional service system management plan approved 10 29 under section 331.393.	For FY 2013, until the county management plan for MH/DS is replaced with a regional services system management plan, the county management plan remains applicable.	
10 30 Sec. 19. CONTINUATION OF MENTAL HEALTH AND DISABILITY 10 31 SERVICES REDESIGN FISCAL VIABILITY STUDY COMMITTEE. The 10 32 legislative council is requested to continue for the 2013 10 33 legislative interim the mental health and disability services 10 34 redesign fiscal viability study committee initially created by 10 35 the legislative council in 2012. The legislative council is 11 1 requested to add at least four citizen members to the study 11 2 committee to provide representation for service consumers, 11 3 service providers, county supervisors, and the community 11 4 services affiliate of the Iowa state association of counties. 11 5 In addition to monitoring implementation of the mental health 11 6 and disability services redesign and receiving reports from 11 7 stakeholder groups engaged in implementation of the redesign, 11 8 the study committee shall be directed to propose a permanent 11 9 approach for state, county, and regional financing of the 11 10 redesign.	Requests that the Legislative Council continue the General Assembly's MH/DS Redesign Fiscal Viability Study Committee that met during the 2012 Interim for the 2013 Interim, and add at least four citizen members.  DETAIL: The Council is asked to direct the study committee to propose a permanent approach for financing the MH/DS redesign.	
11 11 Sec. 20. EFFECTIVE UPON ENACTMENT. This division of this 11 12 Act, being deemed of immediate importance, takes effect upon 11 13 enactment.	This Division is effective on enactment.	
11 14 DIVISION II 11 15 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE 11 16 MEASURES		
11 17 Sec. 21. Section 225C.4, subsection 1, paragraph j, Code 11 18 2013, is amended to read as follows: 11 19 j. Establish and maintain a data collection and management 11 20 information system oriented to the needs of patients, 11 21 providers, the department, and other programs or facilities <u>in</u> 11 22 <u>accordance with section 225C.6A. The system shall be used to</u> 11 23 <u>identify, collect, and analyze service outcome and performance</u> 11 24 <u>measures data in order to assess the effects of the services on</u> 11 25 <u>the persons utilizing the services.</u> The administrator shall 11 26 annually submit to the commission information collected by the	CODE: Amends the duties of the DHS MH/DS Division Administrator relating to data and performance measures.	

11 27 department indicating the changes and trends in the disability  
 11 28 services system. The administrator shall make the outcome data  
 11 29 available to the public.

11 30 Sec. 22. Section 225C.6A, Code 2013, is amended to read as  
 11 31 follows:  
 11 32 225C.6A DISABILITY SERVICES SYSTEM ~~REDESIGN~~ CENTRAL DATA  
 11 33 REPOSITORY .

11 34 1. The ~~commission~~ department shall do the following  
 11 35 relating to ~~redesign~~ of data concerning the disability services  
 12 1 system in the state:

12 2 ~~—1. Identify sources of revenue to support statewide~~  
 12 3 ~~delivery of core disability services to eligible disability~~  
 12 4 ~~populations.~~

12 5 ~~—2. Ensure there is a continuous improvement process for~~  
 12 6 ~~development and maintenance of the disability services system~~  
 12 7 ~~for adults and children. The process shall include but is not~~  
 12 8 ~~limited to data collection and reporting provisions.~~

12 9 ~~—3. a. Plan, collect, and analyze data as necessary to~~  
 12 10 ~~issue cost estimates for serving additional populations and~~  
 12 11 ~~providing core disability services statewide. The department~~  
 12 12 ~~shall maintain compliance with applicable federal and state~~  
 12 13 ~~privacy laws to ensure the confidentiality and integrity of~~  
 12 14 ~~individually identifiable disability services data. The~~  
 12 15 ~~department shall regularly may periodically assess the status~~  
 12 16 ~~of the compliance in order to assure that data security is~~  
 12 17 ~~protected.~~

12 18 ~~b. In implementing Implement a system central data~~  
 12 19 ~~repository under this ~~subsection~~ section for collecting and~~  
 12 20 ~~analyzing state, county and region, and private contractor~~  
 12 21 ~~data, ~~the~~ The department shall establish a client identifier~~  
 12 22 ~~for the individuals receiving services. ~~The client identifier~~~~  
 12 23 ~~shall be used in lieu of the individual's name or social~~  
 12 24 ~~security number. The client identifier shall consist of the~~  
 12 25 ~~last four digits of an individual's social security number,~~  
 12 26 ~~the first three letters of the individual's last name, the~~  
 12 27 ~~individual's date of birth, and the individual's gender in an~~  
 12 28 ~~order determined by the department.~~

12 29 ~~c. Consult on an ongoing basis with regional administrators,~~  
 12 30 ~~service providers, and other stakeholders in implementing the~~  
 12 31 ~~central data repository and operations of the repository. The~~  
 12 32 ~~consultation shall focus on minimizing the state and local~~  
 12 33 ~~costs associated with operating the repository.~~

12 34 ~~d. Engage with other state and local government and~~  
 12 35 ~~nongovernmental entities operating the Iowa health information~~  
 13 1 ~~network under chapter 135 and other data systems that maintain~~  
 13 2 ~~information relating to individuals with information in the~~  
 13 3 ~~central data repository in order to integrate data concerning~~

CODE: Makes changes relating to Disability Services System Redesign, to delineate requirements pertaining to MH/DS State collection and management information systems and outcome and performance data.

13 4 individuals.  
13 5 ~~—c. 2. A county or region shall not be required to utilize a~~  
13 6 ~~uniform data operational or transactional system. However, the~~  
13 7 ~~system utilized shall have the capacity to exchange information~~  
13 8 ~~with the department, counties and regions, contractors, and~~  
13 9 ~~others involved with services to persons with a disability~~  
13 10 ~~who have authorized access to the central data repository.~~  
13 11 ~~The information exchanged shall be labeled consistently~~  
13 12 ~~and share the same definitions. Each county regional~~  
13 13 ~~administrator shall regularly report to the department annually~~  
13 14 ~~on or before December 1, for the preceding fiscal year the~~  
13 15 ~~following information for each individual served: demographic~~  
13 16 ~~information, expenditure data, and data concerning the services~~  
13 17 ~~and other support provided to each individual, as specified~~  
13 18 ~~in administrative rule adopted by the commission by the~~  
13 19 ~~department.~~  
13 20 ~~—4. Work with county representatives and other qualified~~  
13 21 ~~persons to develop an implementation plan for replacing the~~  
13 22 ~~county of legal settlement approach to determining service~~  
13 23 ~~system funding responsibilities with an approach based upon~~  
13 24 ~~residency. The plan shall address a statewide standard for~~  
13 25 ~~proof of residency, outline a plan for establishing a data~~  
13 26 ~~system for identifying residency of eligible individuals,~~  
13 27 ~~address residency issues for individuals who began residing in~~  
13 28 ~~a county due to a court order or criminal sentence or to obtain~~  
13 29 ~~services in that county, recommend an approach for contesting~~  
13 30 ~~a residency determination, and address other implementation~~  
13 31 ~~issues.~~  
13 32 3. The outcome and performance measures applied to the  
13 33 regional disability services system shall utilize measurement  
13 34 domains. The department may identify other measurement domains  
13 35 in consultation with system stakeholders to be utilized in  
14 1 addition to the following initial set of measurement domains:  
14 2 a. Access to services.  
14 3 b. Life in the community.  
14 4 c. Person-centeredness.  
14 5 d. Health and wellness.  
14 6 e. Quality of life and safety.  
14 7 f. Family and natural supports.  
14 8 4. a. The processes used for collecting outcome and  
14 9 performance measures data shall include but are not limited  
14 10 to direct surveys of the individuals and families receiving  
14 11 services and the providers of the services. The department  
14 12 shall involve a workgroup of persons who are knowledgeable  
14 13 about both the regional service system and survey techniques  
14 14 to implement and maintain the processes. The workgroup shall  
14 15 conduct an ongoing evaluation for the purpose of eliminating  
14 16 the collection of information that is not utilized. The

14 17 surveys shall be conducted with a conflict-free approach in  
 14 18 which someone other than a provider of services surveys an  
 14 19 individual receiving the services.  
 14 20 b. The outcome and performance measures data shall encompass  
 14 21 and provide a means to evaluate both the regional services and  
 14 22 the services funded by the medical assistance program provided  
 14 23 to the same service populations.  
 14 24 c. The department shall develop and implement an  
 14 25 internet-based approach with graphical display of information  
 14 26 to provide outcome and performance measures data to the public  
 14 27 and those engaged with the regional service system.  
 14 28 d. The department shall include any significant costs for  
 14 29 collecting and interpreting outcome and performance measures  
 14 30 and other data in the department's operating budget.

14 31 Sec. 23. REPEAL. The amendment to section 225C.4,  
 14 32 subsection 1, paragraph j, in 2012 Iowa Acts, chapter 1120,  
 14 33 section 2, is repealed.

CODE: Technical change. This repeals Iowa Code sections that are rewritten in this Bill.

14 34 Sec. 24. REPEAL. The amendments to section 225C.6A, in 2012  
 14 35 Iowa Acts, chapter 1120, sections 6, 7, and 95, are repealed.

CODE: Technical change. This repeals Iowa Code sections that are rewritten in this Bill.

15 1 DIVISION III  
 15 2 CHILDREN'S CABINET

15 3 Sec. 25.NEW SECTION 242.1 FINDINGS.  
 15 4 The general assembly finds there is a need for a  
 15 5 state-level children's cabinet to provide guidance, oversight,  
 15 6 problem-solving, and long-term strategy development, and to  
 15 7 foster collaboration among state and local efforts to build a  
 15 8 comprehensive, coordinated system of care in order to promote  
 15 9 the well-being of the children in this state. The system of  
 15 10 care should address all domains of child physical, mental,  
 15 11 intellectual, developmental, and social health and meet the  
 15 12 particular needs of children for family-centered mental health  
 15 13 and disability services and for other appropriate specialized  
 15 14 services.

CODE: Specifies that the General Assembly finds there is a need for a state-level children's cabinet to provide guidance, oversight, problem solving, and long-term development strategies to promote the well-being of children in the State.

15 15 Sec. 26.NEW SECTION 242.2 CHILDREN'S CABINET ESTABLISHED.  
 15 16 There is established within the department of human services  
 15 17 a children's cabinet.  
 15 18 1. The voting members of the children's cabinet shall  
 15 19 consist of the following:  
 15 20 a. The director of the department of education or the  
 15 21 director's designee.  
 15 22 b. The director of the department of human services or the  
 15 23 director's designee. This member shall be chairperson of the

CODE: Specifies the membership of the new children's cabinet.

15 24 cabinet.  
15 25 c. The director of the department of inspections and appeals  
15 26 or the director's designee.  
15 27 d. The director of the department of public health or the  
15 28 director's designee.  
15 29 e. A parent of a child with a severe emotional disturbance  
15 30 or a disability who is the primary caregiver for that child,  
15 31 appointed by the governor.  
15 32 f. A juvenile court judge or juvenile court officer  
15 33 appointed by the chief justice of the supreme court.  
15 34 g. A community-based provider of child welfare, health,  
15 35 or juvenile justice services to children, appointed by the  
16 1 director of human services.  
16 2 h. A member of the early childhood Iowa state board or the  
16 3 early childhood stakeholders alliance, appointed by the state  
16 4 board.  
16 5 i. A community stakeholder who is not affiliated with a  
16 6 provider of services, appointed by the governor.  
16 7 j. A member of a child advocacy organization approved by the  
16 8 members of the children's cabinet.  
16 9 k. A member of the Iowa chapter of the American academy  
16 10 of pediatrics who has expertise in pediatric health care and  
16 11 addressing the needs of children with special needs, designated  
16 12 by the Iowa chapter.  
16 13 l. An area education agency staff member who works with  
16 14 early childhood services, appointed by the state's area  
16 15 education agency directors.  
16 16 m. An area education agency staff member who works with  
16 17 children's mental health services, appointed by the state's  
16 18 area education agency directors.  
16 19 n. Not more than three other members designated by  
16 20 the cabinet chairperson to ensure adequate representation  
16 21 of the persons and interests who may be affected by the  
16 22 recommendations made by the cabinet.  
16 23 2. In addition to the voting members, there shall be four ex  
16 24 officio, nonvoting members of the children's cabinet. These  
16 25 members shall be two state representatives, one appointed by  
16 26 the speaker of the house of representatives and one by the  
16 27 minority leader of the house of representatives, and two state  
16 28 senators, one appointed by the majority leader of the senate  
16 29 and one by the minority leader of the senate.  
16 30 3. a. The voting members, other than department directors  
16 31 and their designees, shall be appointed for four-year terms.  
16 32 The terms of such members begin on May 1 in the year of  
16 33 appointment and expire on April 30 in the year of expiration.  
16 34 b. Vacancies shall be filled in the same manner as original  
16 35 appointments. A vacancy shall be filled for the unexpired  
17 1 term.

17 2 c. The voting members shall receive actual and necessary  
17 3 expenses incurred in the performance of their duties and  
17 4 legislative members shall be compensated as provided in section  
17 5 2.32A.  
17 6 4. Staffing services for the children's cabinet shall be  
17 7 provided by the department of human services.

17 8 Sec. 27.NEW SECTION 242.3 DUTIES.

CODE: Specifies the duties of the new children's cabinet.

17 9 The children's cabinet shall perform the following duties  
17 10 in making recommendations to the agencies and organizations  
17 11 represented on the cabinet, the governor, the general assembly,  
17 12 and the judicial branch to address the needs of children and  
17 13 families in this state:

17 14 1. Recommend operating provisions for health homes for  
17 15 children implemented by the department of human services. The  
17 16 provisions shall include but are not limited to all of the  
17 17 following:

17 18 a. Identification of quality metrics.

17 19 b. Identification of performance criteria.

17 20 c. Provisions for monitoring the implementation of  
17 21 specialized health homes.

17 22 d. Identification of system of care principles and values  
17 23 based on the recommendations of the workgroup for redesign of  
17 24 publicly funded children's disability services implemented by  
17 25 the department of human services in accordance with 2011 Iowa  
17 26 Acts, chapter 121, section 1, subsection 4, paragraph "i".

17 27 2. Gather information and improve the understanding of  
17 28 policymakers and the public of how the various service systems  
17 29 intended to meet the needs of children and families operate at  
17 30 the local level.

17 31 3. Address areas of overlap, gaps, and conflict between  
17 32 service systems.

17 33 4. Support the evolution of service systems in implementing  
17 34 new services and enhancing existing services to address the  
17 35 needs of children and families through process improvement  
18 1 methodologies.

18 2 5. Assist policymakers and service system users in  
18 3 understanding and effectively managing system costs.

18 4 6. Ensure services offered are evidence-based.

18 5 7. Issue guidelines to enable the services and other support  
18 6 which is provided by or under the control of state entities and  
18 7 delivered at the local level to have sufficient flexibility to  
18 8 engage local resources and meet unique needs of children and  
18 9 families.

18 10 8. Integrate efforts of policymakers and service providers  
18 11 to improve the well-being of community members in addition to  
18 12 children and families.

18 13 9. Implement strategies so that the children and families

18 14 engaged with the service systems avoid the need for higher  
 18 15 level services and other support.  
 18 16 10. Oversee the practices utilized by accountable care  
 18 17 organizations and other care management entities operating on  
 18 18 behalf of the state in the provision of government supported  
 18 19 children's services and systems of care.  
 18 20 11. Identify and promote evidence-based practices that may  
 18 21 be creatively applied in appropriate settings for prevention  
 18 22 and early identification of social, emotional, behavioral, and  
 18 23 developmental risk factors for children from birth through age  
 18 24 eight.  
 18 25 12. Making periodic recommendations to the agencies  
 18 26 and organizations represented on the cabinet. An agency or  
 18 27 organization receiving such a recommendation shall respond  
 18 28 in writing to the children's cabinet detailing how the  
 18 29 recommendation was addressed. The response shall be submitted  
 18 30 not later than sixty business days following the date of the  
 18 31 receipt of the recommendation.  
 18 32 13. Submit a report annually by December 15 to the governor,  
 18 33 general assembly, and supreme court providing findings and  
 18 34 recommendations and issue other reports as deemed necessary by  
 18 35 the cabinet.

19 1 Sec. 28. INITIAL TERMS. Notwithstanding section 242.2,  
 19 2 subsection 3, paragraph "a", as enacted by this division of  
 19 3 this Act, the appointing authorities for the members of the  
 19 4 children's cabinet created by this division of this Act who are  
 19 5 subject to terms of service shall be coordinated so that the  
 19 6 initial terms of approximately half of such members are two  
 19 7 years and the remainder are for four years and remain staggered  
 19 8 thereafter.

19 9 DIVISION IV  
 19 10 CENTER FOR CHILD HEALTH INNOVATION AND EXCELLENCE

19 11 Sec. 29. Section 135.11, Code 2013, is amended by adding the  
 19 12 following new subsection:  
 19 13 NEW SUBSECTION 32. Create and operate, subject to  
 19 14 appropriation of funding by the general assembly, a center for  
 19 15 child health excellence and innovation. The purpose of the  
 19 16 center is to provide a policy forum for efforts to improve  
 19 17 child health, including but not limited to improving health  
 19 18 quality, demonstrating better health outcomes, and reducing  
 19 19 long-term health care costs.  
 19 20 a. The center shall engage major providers of child health  
 19 21 services and associated groups, including but not limited to  
 19 22 representatives of the department, the medical assistance

Provides for appointment of approximately half of the initial voting members of the children's cabinet other than department heads to two-year terms in order to stagger the terms.

Requires the Department of Public Health to create a Center for Child Health Excellence and Innovation.

DETAIL: The purpose of the Center is to provide a policy forum for efforts to improve child health, including but not limited to improving health quality, demonstrating better health outcomes, and reducing long-term health care costs. The creation and operation of the Center is subject to provision of funding by the General Assembly. The Center is required to submit a progress report to the General Assembly annually on December 15th.

19 23 program administrator, child health specialty clinics, the  
19 24 association representing community health centers, the state  
19 25 council created by the department for the department's project  
19 26 LAUNCH initiative, staff of institutions of higher education  
19 27 with expertise in pediatric health and child health care, the  
19 28 prevention of disabilities policy council in conjunction with  
19 29 the center for disabilities and development of the university  
19 30 of Iowa's children's hospital, and others.

19 31 b. The center shall lead the review and analysis of public  
19 32 policy efforts that are directed toward the purpose of the  
19 33 center.

19 34 c. The center shall develop community-based initiatives  
19 35 to promote healthy child development, leveraging medical  
20 1 assistance program funding where possible. The initiatives  
20 2 of Iowa shall include but are not limited to the promotion of  
20 3 demonstration programs within the behavioral health managed  
20 4 care contract and the development of a grant application for  
20 5 federal and foundation funding opportunities that focus upon  
20 6 improving child health through innovation and the diffusion of  
20 7 innovation.

20 8 d. The center shall develop an early childhood mental health  
20 9 certification for professionals and others engaged in working  
20 10 with young children.

20 11 e. The center shall draw upon national and state  
20 12 expertise in the field of child health, including experts  
20 13 from Iowa's institutions of higher education, health provider  
20 14 organizations, and health policy and advocacy organizations.  
20 15 The center shall seek support from the Iowa research  
20 16 community in data report development and analysis of available  
20 17 information from Iowa child health data sources.

20 18 f. The center shall work with the departments of human  
20 19 services and public health and with the governor and members  
20 20 of the general assembly in child health public policy efforts  
20 21 such as providing medical assistance funding as necessary to  
20 22 expand the department's initiative to provide for adequate  
20 23 developmental surveillance and screening during a child's first  
20 24 five years to be available statewide and enabling child care  
20 25 resource and referral service agencies to facilitate provision  
20 26 of child mental health consultation for child care providers.

20 27 g. The center shall submit a report of its activities and  
20 28 policy recommendations to the general assembly by December 15  
20 29 annually.

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
	FY13 State									
	FY14 Capped	FY13 State	FY 2014 Total	ISAC Est. Non-	FY14	Stabilization	\$10.25 Per	Additional	New Total	
County	Levy	Payment	Revenue	Medicaid Exp. FY	Revenues vs.	Funds	Capita Growth	State \$ to	County FY 14	Difference
		Program and		13	FY13 Exp.			Counties	Revenue	
		Misc Rev								
Clay	\$ 402,866	\$ 49,092	\$ 451,958	\$ 967,030	\$ (515,072)	\$ 515,072	\$ 170,048	\$ 685,120	\$ 1,137,078	\$ 170,048
Dickinson	412,509	229,349	641,858	775,524	(133,666)	133,666	173,215	306,881	948,739	173,215
Emmet	477,717	38,438	516,155	780,697	(264,542)	264,542	103,566	368,108	884,263	103,566
Lyon	248,113	28,988	277,101	547,000	(269,899)	269,899	119,618	389,517	666,618	119,618
O'Brien	570,532	132,848	703,380	648,620	54,760	-	145,653	145,653	849,033	200,413
Osceola	195,225	61,908	257,133	335,030	(77,897)	77,897	65,159	143,056	400,189	65,159
Palo Alto	445,330	75,000	520,330	489,408	30,922	-	96,545	96,545	616,875	127,467
<b>Total</b>	<b>\$ 2,752,292</b>	<b>\$ 615,623</b>	<b>\$ 3,367,915</b>	<b>\$ 4,543,309</b>	<b>\$ (1,175,394)</b>	<b>\$ 1,261,076</b>	<b>\$ 873,802</b>	<b>\$ 2,134,878</b>	<b>\$ 5,502,794</b>	<b>\$ 959,485</b>
Cherokee	\$ 477,158	\$ 60,000	\$ 537,158	\$ 549,917	\$ (12,759)	\$ 12,759	\$ 123,707	\$ 136,466	\$ 673,624	\$ 123,707
Plymouth	363,771	246,800	610,571	801,001	(190,430)	190,430	255,184	445,614	1,056,185	255,184
Sioux	1,027,388	45,021	1,072,409	1,003,954	68,455	-	347,475	347,475	1,419,884	415,930
Woodbury	3,564,086	845,828	4,409,914	4,763,168	(353,254)	353,254	1,050,717	1,403,971	5,813,885	1,050,717
<b>Total</b>	<b>\$ 5,432,403</b>	<b>\$ 1,197,649</b>	<b>\$ 6,630,052</b>	<b>\$ 7,118,040</b>	<b>\$ (487,988)</b>	<b>\$ 556,443</b>	<b>\$ 1,777,084</b>	<b>\$ 2,333,526</b>	<b>\$ 8,963,578</b>	<b>\$ 1,845,539</b>
<b>CSS*</b>	<b>\$ 19,886,666</b>	<b>\$ 1,043,296</b>	<b>\$ 20,929,962</b>	<b>\$ 21,023,758</b>	<b>\$ (93,796)</b>	<b>\$ 93,796</b>	<b>\$ 4,678,695</b>	<b>\$ 4,772,491</b>	<b>\$ 25,702,453</b>	<b>\$ 4,678,695</b>
Buena Vista	\$ 669,512	\$ 12,581	\$ 682,093	\$ 865,206	\$ (183,113)	\$ 183,113	\$ 209,162	\$ 392,275	\$ 1,074,368	\$ 209,162
Calhoun	431,560	16,584	448,144	370,000	78,144	-	98,667	98,667	546,811	176,811
Crawford	816,857	18,380	835,237	695,000	140,237	-	177,089	177,089	1,012,326	317,326
Sac	484,194	5,253	489,447	514,348	(24,901)	24,901	104,970	129,871	619,318	104,970
<b>Total</b>	<b>\$ 2,402,123</b>	<b>\$ 52,798</b>	<b>\$ 2,454,921</b>	<b>\$ 2,444,554</b>	<b>\$ 10,367</b>	<b>\$ 208,014</b>	<b>\$ 589,888</b>	<b>\$ 797,901</b>	<b>\$ 3,252,822</b>	<b>\$ 808,268</b>
Boone	\$ 878,976	\$ 116,553	\$ 995,529	\$ 1,083,000	\$ (87,471)	\$ 87,471	\$ 269,114	\$ 356,585	\$ 1,352,114	\$ 269,114
Franklin	358,934	-	358,934	250,000	108,934	-	109,983	109,983	468,917	218,917
Hamilton	734,637	25,000	759,637	719,123	40,514	-	159,265	159,265	918,901	199,778
Hardin	823,901	9,600	833,501	450,000	383,501	-	178,617	178,617	1,012,118	562,118
Madison	534,189	15,000	549,189	715,311	(166,122)	166,122	161,735	327,857	877,046	161,735
Marshall	1,937,534	100,000	2,037,534	1,889,459	148,075	-	420,045	420,045	2,457,579	568,120
Story	3,066,575	707,651	3,774,226	4,050,281	(276,055)	276,055	919,046	1,195,101	4,969,327	919,046
<b>Total</b>	<b>\$ 8,334,746</b>	<b>\$ 973,804</b>	<b>\$ 9,308,550</b>	<b>\$ 9,157,174</b>	<b>\$ 151,376</b>	<b>\$ 529,648</b>	<b>\$ 2,217,803</b>	<b>\$ 2,747,451</b>	<b>\$ 12,056,001</b>	<b>\$ 2,898,827</b>

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non-Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$10.25 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Decatur	\$ 321,858	\$ 6,000	\$ 327,858	\$ 243,550	\$ 84,308	\$ -	\$ 84,911	\$ 84,911	\$ 412,769	\$ 169,219
Lucas	418,286	71,442	489,728	444,562	45,166	-	90,682	90,682	580,410	135,848
Monroe	340,278	48,698	388,976	343,266	45,710	-	82,574	82,574	471,550	128,284
Ringgold	242,026	-	242,026	239,708	2,318	-	52,470	52,470	294,496	54,788
Wayne	254,099	43,659	297,758	358,554	(60,796)	60,796	64,667	125,463	423,221	64,667
<b>Total</b>	<b>\$ 1,576,547</b>	<b>\$ 169,799</b>	<b>\$ 1,746,346</b>	<b>\$ 1,629,640</b>	<b>\$ 116,706</b>	<b>\$ 60,796</b>	<b>\$ 375,304</b>	<b>\$ 436,100</b>	<b>\$ 2,182,446</b>	<b>\$ 552,806</b>
Cass	\$ 653,268	\$ 151,900	\$ 805,168	\$ 618,905	\$ 186,263	\$ -	\$ 141,624	\$ 141,624	\$ 946,792	\$ 327,887
Fremont	348,312	15,000	363,312	336,736	26,576	-	75,512	75,512	438,824	102,088
Harrison	701,068	39,933	741,001	794,267	(53,266)	53,266	151,987	205,253	946,254	151,987
Mills	609,781	30,350	640,131	430,116	210,015	-	153,668	153,668	793,799	363,683
Monona	375,993	41,721	417,714	443,404	(25,690)	25,690	94,700	120,390	538,104	94,700
Montgomery	369,740	48,553	418,293	472,509	(54,216)	54,216	109,060	163,276	581,569	109,060
Page	652,027	138,260	790,287	989,798	(199,511)	199,511	163,867	363,378	1,153,665	163,867
Pottawattamie	4,421,531	435,000	4,856,531	4,486,956	369,575	-	958,560	958,560	5,815,091	1,328,135
Shelby	569,204	91,008	660,212	1,004,267	(344,055)	344,055	123,400	467,455	1,127,667	123,400
<b>Total</b>	<b>\$ 8,700,923</b>	<b>\$ 991,725</b>	<b>\$ 9,692,648</b>	<b>\$ 9,576,958</b>	<b>\$ 115,690</b>	<b>\$ 676,738</b>	<b>\$ 1,972,377</b>	<b>\$ 2,649,115</b>	<b>\$ 12,341,763</b>	<b>\$ 2,764,805</b>
Adair	\$ 309,066	\$ -	\$ 309,066	\$ 344,004	\$ (34,938)	\$ 34,938	\$ 77,152	\$ 112,090	\$ 421,156	\$ 77,152
Adams	189,309	51,583	240,892	255,809	(14,917)	14,917	41,041	55,958	296,850	41,041
Clarke	430,559	10,704	441,263	433,394	7,869	-	95,899	95,899	537,162	103,768
Taylor	140,346	7,349	147,695	220,638	(72,943)	72,943	64,626	137,569	285,264	64,626
Union	593,128	13,636	606,764	724,619	(117,855)	117,855	128,586	246,442	853,205	128,586
<b>Total</b>	<b>\$ 1,662,408</b>	<b>\$ 83,272</b>	<b>\$ 1,745,680</b>	<b>\$ 1,978,464</b>	<b>\$ (232,784)</b>	<b>\$ 240,653</b>	<b>\$ 407,304</b>	<b>\$ 647,958</b>	<b>\$ 2,393,637</b>	<b>\$ 415,173</b>
Audubon	\$ 285,288	\$ 20,000	\$ 305,288	\$ 282,009	\$ 23,279	\$ -	\$ 61,849	\$ 61,849	\$ 367,136	\$ 85,127
Dallas	1,524,538	210,844	1,735,382	2,200,000	(464,618)	464,618	711,801	1,176,419	2,911,801	711,801
Greene	438,995	35,000	473,995	423,013	50,982	-	95,171	95,171	569,166	146,153
Guthrie	515,399	28,104	543,503	507,616	35,887	-	111,735	111,735	655,239	147,623
Warren	1,084,011	65,104	1,149,115	1,299,143	(150,028)	150,028	479,003	629,031	1,778,146	479,003
<b>Total</b>	<b>\$ 3,848,231</b>	<b>\$ 359,052</b>	<b>\$ 4,207,283</b>	<b>\$ 4,711,781</b>	<b>\$ (504,498)</b>	<b>\$ 614,646</b>	<b>\$ 1,459,559</b>	<b>\$ 2,074,205</b>	<b>\$ 6,281,487</b>	<b>\$ 1,569,707</b>

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non-Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$10.25 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Jasper	\$ 1,727,942	\$ 45,000	\$ 1,772,942	\$ 1,008,976	\$ 763,966	\$ -	\$ 374,607	\$ 374,607	\$ 2,147,549	\$ 1,138,573
Mahaska	1,065,218	122,157	1,187,375	1,043,433	143,942	-	230,933	230,933	1,418,308	374,875
Marion	1,089,896	144,156	1,234,052	899,421	334,631	-	341,684	341,684	1,575,736	676,315
Poweshiek	444,227	20,283	464,510	450,000	14,510	-	192,741	192,741	657,251	207,251
<b>Total</b>	<b>\$ 4,327,284</b>	<b>\$ 331,596</b>	<b>\$ 4,658,880</b>	<b>\$ 3,401,830</b>	<b>\$ 1,257,050</b>	<b>\$ -</b>	<b>\$ 1,139,964</b>	<b>\$ 1,139,964</b>	<b>\$ 5,798,844</b>	<b>\$ 2,397,014</b>
Benton	\$ 908,642	\$ 17,801	\$ 926,443	\$ 825,662	\$ 100,781	\$ -	\$ 267,443	\$ 267,443	\$ 1,193,886	\$ 368,224
Bremer	1,148,006	66,000	1,214,006	998,835	215,171	-	248,880	248,880	1,462,886	464,051
Buchanan	989,239	25,000	1,014,239	790,000	224,239	-	214,461	214,461	1,228,700	438,700
Delaware	834,870	93,341	928,211	1,035,912	(107,701)	107,701	180,995	288,695	1,216,907	180,995
Dubuque	4,474,957	589,978	5,064,935	3,954,605	1,110,330	-	970,142	970,142	6,035,077	2,080,472
Iowa	729,235	27,000	756,235	736,527	19,708	-	167,280	167,280	923,515	186,988
Johnson	3,138,395	681,296	3,819,691	4,417,000	(597,309)	597,309	1,363,640	1,960,949	5,780,640	1,363,640
Jones	883,021	13,800	896,821	944,730	(47,909)	47,909	211,232	259,141	1,155,962	211,232
Linn	8,195,141	2,895,000	11,090,141	11,257,790	(167,649)	167,649	2,192,219	2,359,868	13,450,009	2,192,219
<b>Total</b>	<b>\$ 21,301,507</b>	<b>\$ 4,409,216</b>	<b>\$ 25,710,723</b>	<b>\$ 24,961,061</b>	<b>\$ 749,662</b>	<b>\$ 920,568</b>	<b>\$ 5,816,291</b>	<b>\$ 6,736,859</b>	<b>\$ 32,447,581</b>	<b>\$ 7,486,520</b>
Cedar	\$ 869,952	\$ 20,000	\$ 889,952	\$ 861,027	\$ 28,925	\$ -	\$ 188,600	\$ 188,600	\$ 1,078,552	\$ 217,525
Clinton	2,317,429	343,550	2,660,979	2,745,140	(84,161)	84,161	502,404	586,565	3,247,544	502,404
Jackson	787,145	101,909	889,054	900,000	(10,946)	10,946	202,909	213,855	1,102,909	202,909
Muscatine	2,024,293	420,094	2,444,387	2,026,078	418,309	-	438,854	438,854	2,883,241	857,163
Scott	3,308,032	839,343	4,147,375	6,208,291	(2,060,916)	2,060,916	1,712,724	3,773,640	7,921,015	1,712,724
<b>Total</b>	<b>\$ 9,306,851</b>	<b>\$ 1,724,896</b>	<b>\$ 11,031,747</b>	<b>\$ 12,740,536</b>	<b>\$ (1,708,789)</b>	<b>\$ 2,156,023</b>	<b>\$ 3,045,490</b>	<b>\$ 5,201,513</b>	<b>\$ 16,233,260</b>	<b>\$ 3,492,724</b>
Appanoose	\$ 605,042	\$ 22,144	\$ 627,186	\$ 592,219	\$ 34,967	\$ -	\$ 131,169	\$ 131,169	\$ 758,355	\$ 166,136
Davis	415,449	-	415,449	426,870	(11,421)	11,421	90,067	101,487	516,937	90,067
Wapello	1,674,705	183,230	1,857,935	1,635,651	222,284	-	363,065	363,065	2,221,000	585,349
<b>Total</b>	<b>\$ 2,695,196</b>	<b>\$ 205,374</b>	<b>\$ 2,900,570</b>	<b>\$ 2,654,740</b>	<b>\$ 245,830</b>	<b>\$ 11,421</b>	<b>\$ 584,301</b>	<b>\$ 595,722</b>	<b>\$ 3,496,292</b>	<b>\$ 841,552</b>

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non-Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$10.25 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Des Moines	\$ 1,751,030	\$ 182,782	\$ 1,933,812	\$ 2,388,459	\$ (454,647)	\$ 454,647	\$ 411,732	\$ 866,379	\$ 2,800,191	\$ 411,732
Henry	846,381	30,000	876,381	475,396	400,985	-	207,911	207,911	1,084,292	608,896
Keokuk	490,075	12,000	502,075	479,415	22,660	-	106,375	106,375	608,450	129,035
Lee	1,684,161	753,735	2,437,896	2,729,073	(291,177)	291,177	365,115	656,292	3,094,188	365,115
Louisa	537,526	13,566	551,092	521,716	29,376	-	116,532	116,532	667,625	145,909
Washington	781,141	133,165	914,306	516,793	397,513	-	224,014	224,014	1,138,320	621,527
Van Buren	314,328	50,622	364,950	147,000	217,950	-	76,978	76,978	441,928	294,928
<b>Total</b>	<b>\$ 6,404,642</b>	<b>\$ 1,175,870</b>	<b>\$ 7,580,512</b>	<b>\$ 7,257,852</b>	<b>\$ 322,660</b>	<b>\$ 745,824</b>	<b>\$ 1,508,657</b>	<b>\$ 2,254,481</b>	<b>\$ 9,834,993</b>	<b>\$ 2,577,141</b>
<b>Remaining Counties - These counties are not a region</b>										
Carroll	\$ 986,308	\$ 87,613	\$ 1,073,921	\$ 1,144,147	\$ (70,226)	\$ 70,226	\$ 213,825	\$ 284,051	\$ 1,357,972	\$ 213,825
Ida	300,889	-	300,889	400,483	(99,594)	99,594	72,632	172,226	473,115	72,632
Jefferson	607,300	38,204	645,504	775,524	(130,020)	130,020	172,354	302,374	947,878	172,354
Polk	14,439,175	1,233,826	15,673,001	18,735,165	(3,062,164)	3,062,164	4,483,340	7,545,504	23,218,505	4,483,340
<b>Total</b>	<b>\$ 16,333,672</b>	<b>\$ 1,359,643</b>	<b>\$ 17,693,315</b>	<b>\$ 21,055,319</b>	<b>\$ (3,362,004)</b>	<b>\$ 3,362,004</b>	<b>\$ 4,942,150</b>	<b>\$ 8,304,154</b>	<b>\$ 25,997,469</b>	<b>\$ 4,942,150</b>
<b>TOTAL</b>	<b>\$ 114,965,492</b>	<b>\$ 14,693,613</b>	<b>\$ 129,659,105</b>	<b>\$ 134,255,015</b>	<b>\$ (4,595,910)</b>	<b>\$ 11,437,649</b>	<b>\$ 31,388,667</b>	<b>\$ 42,826,316</b>	<b>\$ 172,485,421</b>	<b>\$ 38,230,406</b>

\*The CSS Region includes the following counties: Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster, Winnebago, Winneshiek, Worth, Wright.